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PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231		Attorney Docket No.	203-2058 CON RE	
		First Named Inventor	Henry Bolanos et al.	
		Original Patent Number	5,911,353	
		Original Patent Issue Date (Month/Day/Year)	June 15, 1999	
		Express Mail Label No.	EL918828843US	
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (Check applicable box)				
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 6. <input checked="" type="checkbox"/> Power of Attorney 7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies		10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: (Check in the amount of \$790.00)		
18. CORRESPONDENCE ADDRESS				
<input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)				
Name	CHIEF PATENT COUNSEL			
Address	UNITED STATES SURGICAL CORPORATION			
	150 GLOVER AVENUE		Zip Code	06856
City	NORWALK	State	CT	Fax
Country		Telephone		
NAME (Print/Type)	Christopher G. Trainor	Registration No. (Attorney/Agent)	39,517	
Signature	Christopher G. Trainor	Date	6/15/01	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 203-2058 CON RE		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 4	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 11	**** 0 =	x \$ _____ =	or	x \$ _____ =		
(C) 2		(D) 4	. 1 =	x \$ _____ =		x \$ <u>80</u> =	80	
Basic Fee (37 CFR 1.16(h))				\$ _____				\$ <u>80.00</u>
Total Filing Fee				\$ _____		OR	\$ <u>790.00</u>	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$ _____		OR	\$ _____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>04-1121</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>790.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<u>June 15, 2001</u> Date				<u>Christopher G. Trainor</u> Signature of Applicant, Attorney or Agent of Record <u>Christopher G. Trainor</u> Typed or printed name				

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(s): Henry Bolanos et al. EXAMINER: Scott A. Smith
SERIAL NO: Not Yet Assigned GROUP ART UNIT: 3721
FILED: June 15, 2001 DOCKET: 203-2058 CON RE (1673 CON RE)
FOR: DISPOSABLE LOADING
UNIT FOR SURGICAL STAPLER

DATED: June 15, 2001

Assistant Commissioner for Patents
Washington, D.C. 20231

STATEMENT OF INOPERATIVENESS OR INVALIDITY
OF ORIGINAL PATENT

Sir(s):

Patentees believe the original patent to be partly inoperative or invalid by reason of the patentees claiming less than the patentees had a right to claim in the patent. More specifically, patentees believe they inadvertently failed to claim or claimed too narrowly, novel features of the cutting member of the presently claimed disposable loading unit. Accordingly, this reissue application includes new claims which are of a scope to which patentees believe they are entitled reciting a disposable loading unit including, inter alia, a cutting member.

Respectfully submitted,

Christopher G. Trainor

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CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date June 15, 2001 in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL918828843US addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Dated: June 15, 2001

Christopher G. Trainor
Christopher G. Trainor